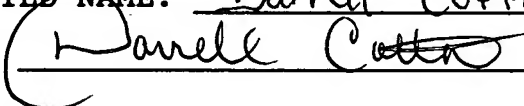


**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/27/05</u>		2 Serial/Patent # <u>10/517011</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$ <u>630.00</u>							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	other <u>Claims</u>			\$							
			7 TOTAL AMOUNT OF REFUND	\$ <u>630.00</u>							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td style="width: 20px;">2</td><td style="width: 20px;">3</td><td style="width: 20px;">--</td><td style="width: 20px;">0</td><td style="width: 20px;">8</td><td style="width: 20px;">0</td><td style="width: 20px;">4</td></tr></table>			2	3	--	0	8	0	4
2	3	--	0	8	0	4					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Darrell Cottman</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u></u>		PHONE: <u>703-306-9140 x207</u>									
OFFICE: _____											
*****											
THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: _____ DATE: _____											

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*